

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00499

FILED
Jul 14, 2005
Secretary of State

Entity Name: STATE OF FLORIDA ASSOCIATION OF POLICE ATHLETIC LEAGUES/ACTIVITIES, INC.

Current Principal Place of Business:

2500 MONUMENT ROAD
204
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350399
JACKSONVILLE, FL 322350394

New Mailing Address:

FEI Number: 59-2588363 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCOTT, LAVERN B
2500 MONUMENT ROAD
SUITE 204
JACKSONVILLE, FL 32225 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, MEL
Address: 1100 JOHN GLENN BLVD
City-St-Zip: TITUSVILLE, FL 32780

Title: VP () Delete
Name: DILLHYON, MIKE
Address: PO BOX 2240
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T () Delete
Name: WHEATLEY, TOM
Address: 900 ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: WESLEY, WALT
Address: 851 MARSH AVE
City-St-Zip: FORT MYERS, FL 33905

Title: D () Delete
Name: SCOTT, LAVERN B SR
Address: 2809 ART MUSEUM DR. SUITE 208
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: EVERETT, RODERICK
Address: 6130 SW 72 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BEACH, CHUCK
Address: 1065 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HENDERSON, JAMEY
Address: 219 N. MASSACHUSETTS AVE
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR. LAVERN B SCOTT SR

D

07/14/2005

Electronic Signature of Signing Officer or Director

Date